PETITION	FOR EXTENSION OF TIME UNDER	Docket Number (Optional)		
FY 2009			4544 - 062454	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 10/590,118			Filed 2/21/2005	
For "Diagnostic Kit for Detecting Pulmonary and Extra Pulmonary"				
		<u> </u>	le : . D. 1 D. 6	Towards Dla D
Art Unit 1645			Examiner Rodney P. Swartz, Ph.D.	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
		<u>Fee</u>	Small Entity Fee	120
\checkmark	One month (37 CFR 1.17(a)(1))	\$130	\$65	<u>\$ 130</u>
	Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$
	Three months (37 CFR 1.17(a)(3))	\$1110	\$555	_\$
	Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$
	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$
Applicant claims small entity status. See 37 CFR 1.27.				
A check in the amount of the fee is enclosed.				
Payment by credit card.				
The Director has already been authorized to charge fees in this application to a Deposit Account.				
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to				
Deposit Account Number 23-0030				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the applicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). Attorney or agent of record, Registration Number 22,132				
<u>▼</u>				
attorney or agent under 37 CFR 1.34. Regiştration number if,acting under 37 CFR 1.34				
1/11/1 Horse			July 30, 2010	
Signature //			Dat	
William H. Logsdon			412-471-8815	
Typed or printed name			Telephone	Number
	res of all the inventors or assignees of record of the e juired, see below.	ntire interest or their repres	sentative(s) are required. Submit mul	tiple forms if more than one
✓ Total	of 1 forms a	re submitted.		